

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/581602** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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46	/		/			
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48	/		/			
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TOTAL IND.	31		22			
TOTAL DEP.	6		14			
TOTAL CLAIMS	37		36			

	IND.		DEP.		IND.		DEP.	
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